

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	462912	FILING DATE
APPLICANT(S)		

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. * DEP.	* IND. * DEP.	* IND. * DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
	1	/					51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9		/					59		
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11		/					61		
12							62		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS	1						TOTAL CLAIMS		